

B 2100A (Form 2100A) (12/15)

## UNITED STATES BANKRUPTCY COURT

District of Rhode Island

In re MICROFIBRES, INC.,

Case No. 1:16-bk-10154

### TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

BE Capital Management Fund LP

Name of Transferee

INDEV GAUGING SYSTEMS

Name of Transferor

Name and Address where notices to transferee should be sent:  
205 East 42nd Street, 14th Floor  
New York, NY 10017

Court Claim # (if known): 20  
Amount of Claim: \$3,550.00  
Date Claim Filed: 03/16/2016

Phone: 646-604-9635  
Last Four Digits of Acct #: \_\_\_\_\_

Phone: 815-282-4463  
Last Four Digits of Acct. #: \_\_\_\_\_

Name and Address where transferee payments should be sent (if different from above):

Phone: \_\_\_\_\_  
Last Four Digits of Acct #: \_\_\_\_\_

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: /s/ Thomas Brazier  
Transferee/Transferee's Agent

Date: 05/25/2016

**EVIDENCE OF TRANSFER OF CLAIM**

TO THE DEBTOR AND THE BANKRUPTCY COURT:

For value received, the sufficiency of which is hereby acknowledged, Indev Gauging Systems, Inc. ("Seller") hereby unconditionally and irrevocably sells, transfers, and assigns to BE Capital Management Fund LP ("Purchaser") all of Seller's right, title, and interest in and to Proof of Claim No. 20 (the "Proof of Claim") filed against Microfibres, Inc. (the "Debtor") in the amount of \$3,550.00 in *In re* Microfibres, Inc. (Case No. 1:16-bk-10154) pending in the United States Bankruptcy Court for the District of Rhode Island (the "Bankruptcy Court").

Seller hereby waives any objection to the transfer of the Proof of Claim on the books and records of the Debtor and the Bankruptcy Court, and hereby waives any notice or right to a hearing as may be imposed by Federal Rule of Bankruptcy Procedure 3001, the Bankruptcy Code, or other applicable law. Seller acknowledges, and hereby stipulates, that an order of the Bankruptcy Court may be entered without further notice to Seller transferring the Proof of Claim to Purchaser and recognizing Purchaser as the sole owner and holder of such claim.

IN WITNESS WHEREOF, this Evidence of Transfer of Claim is executed on May 18, 2016.

[Seller]

By: Melissa Lee / Indev Gauging Systems  
Name: Melissa Lee  
Title: Finance Manager

Fill in this information to identify the case:

Debtor 1 MIRCOFIBRES, INCDebtor 2  
(Spouse, if filing) \_\_\_\_\_United States Bankruptcy Court for the: \_\_\_\_\_ District of RI ☐Case number 1:16-BK-10154

of 7 \*INDEV HAS BEEN SERVICING

MICROFIBRES RADIO ACTIVE  
SOURCES FOR YEARS. GOVERNMENT  
REGULATIONS REQUIRE THESE SOURCE  
BE INSPECTED EVERY 6 MONTHS  
INDEV CAN RECLAIM THESE SOURCE

FOR A REASONABLE COST.

PLEASE LET US KNOW IF WE  
CAN BE OF SERVICE TO YOU.

12/15

## Official Form 410

## Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

## 1. Who is the current creditor?

INDEV GAUGING SYSTEMS

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

## 2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

## 3. Where should notices and payments to the creditor be sent?

Federal Rule of  
Bankruptcy Procedure  
(FRBP) 2002(g)

## Where should notices to the creditor be sent?

INDEV GAUGING SYSTEMS

Name

5235 26TH AVE

Number Street

ROCKFORDIL61109

City

State

ZIP Code

Contact phone 815-282-4463Contact email MLEE@INDEVSYSTEMS.COM

## Where should payments to the creditor be sent? (if different)

SAME

Name

Number Street

City

State

ZIP Code

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

## 4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_

MM / DD / YYYY

## 5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

02-16-16 PM 02:15

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,775\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,475\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

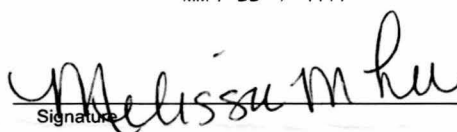
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/05/2016

MM / DD / YYYY

  
 Signature

Print the name of the person who is completing and signing this claim:

Name	MELISSA	M	LEE
	First name	Middle name	Last name
Title	FINANCE MANAGER		
Company	INDEV GAUGING SYSTEMS, INC		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	5235 26TH AVE		
	Number	Street	
	ROCKFORD	IL	61109
	City	State	ZIP Code
Contact phone	815-282-4463		Email MLEE@INDEVSYSTEMS.COM

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☒ No  
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ 3,550.00. Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.

SERVICES PERFORMED TO MEET GOVERNMENT COMPLIANCE  
REQUIREMENT TO MAINTAIN RADIO ACTIVE SOURCES

9. Is all or part of the claim secured? ☒ No  
☐ Yes. The claim is secured by a lien on property.  
**Nature of property:**  
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☐ Motor vehicle  
☐ Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☒ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☒ No  
☐ Yes. Identify the property: \_\_\_\_\_



Indev Gauging Systems, Inc.

# Invoice

Fed ID # 36-4284584 Reseller 3025-5805  
 Phone:815-282-4463 Fax:815-282-4797  
 5235 26th Ave.  
 Rockford, IL 61109

DATE	INVOICE #
1/27/2016	2959

BILL TO
Microfibres One Moshassuck St Pawtucket, RI 02860

SHIP TO
Microfibres One Moshassuck St Pawtucket, RI 02860

TERMS	DUE DATE	REP	PROJECT	P.O. NO.
Upon Receipt	1/27/2016	XXX	PM 2015-02000...	2015-02019448

DESCRIPTION	QTY	RATE	AMOUNT
Service Pack I Preventative Maintenance Contract Qty: MFRI121914-01  <i>Performed Semi Annual Source's Shutter Check.</i>	0.4	5,500.00	2,200.00

**Total** \$2,200.00

**Payments/Credits** \$0.00

**Balance Due** \$2,200.00

Phone #
815-282-4463

Indev Gauging Systems, Inc.

# Invoice

Fed ID # 36-4284584 Reseller 3025-5805  
 Phone:815-282-4463 Fax:815-282-4797  
 5235 26th Ave.  
 Rockford, IL 61109

DATE	INVOICE #
12/29/2015	2915

<b>BILL TO</b>
MicroFibres 3801 Kimwell Drive Winston-Salem NC 27103

<b>SHIP TO</b>
MicroFibres 3801 Kimwell Drive Winston-Salem, NC 27103

TERMS	DUE DATE	REP	PROJECT	P.O. NO.
Upon Receipt	12/29/2015		MicroFibres-339...	339562

DESCRIPTION	QTY	RATE	AMOUNT
Perform Semi Annual Source and Shutter Inspection	1	1,350.00	1,350.00
IL Sales Tax		7.25%	0.00

**Total** \$1,350.00

**Payments/Credits** \$0.00

**Balance Due** \$1,350.00

Phone #

815-282-4463